

**DEPARTMENT OF ADMINISTRATION
GRIEVANCE FORM
(Procedure B)**

This form is to be used after the employee has orally taken up the grievance involving discrimination or sexual harassment with the Department of Administration Human Resources Manager or Agency EEO Coordinator, has had an opportunity for full discussion of the grievance, and has found the Human Resource Manager's or Agency EEO Coordinator's response to be unsatisfactory at the first step.

Employee's Statement: The following grievance occurred on _____ and was presented to the Department of Administration Human Resources Manager or Agency EEO Coordinator on _____. I am not satisfied with the answer received on _____ and therefore, request an appeal to the Secretary of Administration.

Grievance:

Requested Remedy:

Employee's Signature

Classification

Division

Phone Number

Date

Final Decision

Secretary of Administration's Response: The above grievance was received by me on _____
which was (within / not within) the five day limit and my decision is as follows:

Secretary's Signature

Date

Distribution:

Grievant
Immediate Supervisor
Supervisor's Supervisor

Division or Office Director
Secretary of Administration
Personnel of finer